

# CITY OF SPRINGFIELD

3529 E. 3<sup>rd</sup> Street  
Springfield, Florida 32401  
(850)872-7570 (850)747-5663 Fax



## Stormwater Construction Site Inspection Form

Project Name:		Permit #
Address:		
Inspection Date:		Start/End Time:
Inspector(s) Name:		
Inspector(s) Title:		
Inspector(s) Contact Information:		
Name/Title of Contractor Representative At Site During Inspection:		
Type of Inspection:  <input type="checkbox"/> Regular <input type="checkbox"/> Pre-Storm Event <input type="checkbox"/> During Storm Event <input type="checkbox"/> Post-Storm Event		
<b>Weather Information</b>		
Has it rained since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No    (If Yes Provide The Following Information)		
Storm start date & time:	Storm Duration (hours):	Approximate Rainfall (inches):
Weather at time of this inspection:		
<b>Site Compliance Questions</b>		
1. Does the project have an approved permit? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Land Disturbance Size? _____		
3. Is the erosion and sediment control system installed per approved plans? <input type="checkbox"/> Yes <input type="checkbox"/> No		
4. Is erosion being controlled on site? <input type="checkbox"/> Yes <input type="checkbox"/> No		
5. Is sediment being contained on site? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6. Is the potential for turbidity in adjacent streams minimized? <input type="checkbox"/> Yes <input type="checkbox"/> No		
7. Is trash/litter from work areas collected and placed in covered dumpsters? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. Are washout facilities (e.g. paint, stucco, concrete) available, clearly marked and maintained? <input type="checkbox"/> Yes <input type="checkbox"/> No		
9. Are vehicle and equipment fueling, cleaning, and maintenance areas free of spills, leaks, or any other deleterious material? <input type="checkbox"/> Yes <input type="checkbox"/> No		
10. Are materials that are potential storm water contaminants stored inside or under cover? <input type="checkbox"/> Yes <input type="checkbox"/> No		

11. Are non-storm water discharges (e.g. wash water, dewatering) properly controlled?

\_\_\_\_Yes      \_\_\_\_No

12. Are storm drain inlets properly protected? \_\_\_\_Yes      \_\_\_\_No

13. Is the construction exit preventing sediment from being tracked into the street? \_\_\_\_Yes      \_\_\_\_No

Non-Compliance not described above:

CERTIFICATION STATEMENT

“I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.”

Print Name/Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\* Attach Site Photos\*\*\***